

## A CASE OF UNUSUAL CEREBRAL HEMORRHAGE.

By O. T. OSBORNE, M.A., M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS AT YALE UNIVERSITY.

Mr. X., a student, aged twenty-four years, first came under my care on November 19, 1900. I was sent for hurriedly to find him in a half-stupor with projectile vomiting, almost pulseless at the wrist, but covered with a warm perspiration. He had been swimming in a tank, but had been able to dress himself before the attack culminated.

Examination of the urine showed it to be milky in character on account of the presence of phosphates, with no other abnormal condition. The patient received a hypodermic of strychnine, and a nurse was sent to watch him. During the next few hours some improvement in his condition occurred. The symptoms of the next four days were those of pressure on the medulla oblongata with marked Cheyne-Stokes respiration, the latter lasting four days. The temperature was subnormal, down as low as  $97^{\circ}$ ; the pulse was sometimes as low as 48. There was stiffening of the back of the neck and occasional projectile vomiting.

A history of a similar attack, although not as severe, about three weeks before, was obtained. At that time he had had some jaundice, and had been noticed to yawn a great deal, this showing disturbed respiratory function, but none of the distinct symptoms of implication of the medulla oblongata were at this previous period present.

A diagnosis was made of pressure of that region of the medulla oblongata which contains the pneumogastric and spinal accessory centers. This would account for the reflex vomiting, slowing of the pulse, and stiffening of the sterno-cleido-mastoid and platysma muscles, and also the disturbance of the respiratory center, unless respiration is a pneumogastric function.

During the attack in November he could be aroused, but was half stupified for four or five days. He could not at first

be raised or moved, or even take a drink without vomiting. Gradually the vomiting ceased, the respiration improved, the stiffening of the back of the neck lessened, the temperature came up to normal, and the pulse increased in frequency. There were no cerebral symptoms at this time except headache, which was not very intense or very severe, and was largely basal. The diagnosis of a gumma or glioma was made, and mercurial inunctions were begun and potassium iodide was given by the mouth.

In three or four days when he could be properly aroused and his answers were intelligent, a history of an initial lesion three years before was elicited, for which treatment had been given for three months. There had never been any secondary symptoms.

The patient gradually improved, and on November 29 he was sitting up, and in a few days more was down stairs. On the first exercise, he had slight fainting attacks with rapid pulse, running up sometimes to 110 and 120, and a little increase in temperature; evidently purely functional disturbances. The signs at this time showed distinct absorption of whatever had been causing pressure on the medulla oblongata. He gradually got out-of-doors, and on the 14th of December, 1900, came to my office with a history of constant improvement. On the 18th of December he went skating, and soon after behaved queerly, had epileptic attacks, screamed, was delirious, then stupified, and then would again be aroused and complained of intense headache, but without any symptoms of pressure on the medulla oblongata. On the 19th he became difficult to manage, and required two attendants. He was then taken to the hospital with the symptoms of cerebral pressure, and soon showed some fever, and an irregular and rapid pulse. Some retinitis was now present, and a peculiar intermittent facial paralysis of the left side developed. His condition became temporarily better only to again grow worse with finally stupor ending in death in about ten days.

Professor H. B. Ferris made the autopsy which showed a friable disorganized mass about the size of an English walnut in the anterior part of the right cerebrum, with a clot hanging

to it which had made quite a space for itself in the brain substance. This clot was continuous with a large clot, apparently of recent origin, in the lateral ventricle on the right side. Another clot of earlier formation was in the third ventricle, and a third clot, I thought still older in appearance, was in the fourth ventricle and pressed on the medulla oblongata.

Microscopical examination of the above mass showed it to be an old blood clot. The arteries of the brain were everywhere healthy.